MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.
O9/763247
APPLICANT(S) FILING DATE

CLAIMS

| 1 2 3 4 5 6 7 8 9 10 11 12 | INE | AS FILED DE | 1st AM | FTER ENDMENT DEP. | 2nd AME | DEP. | | | * IND. | DEP. | * | | * | |
|---|--|------------------------|---------------|--|--|------|-----------------|---------------------------------|--------|----------|---------------|--|--|--|
| 2 3 4 5 6 7 8 9 10 11 | INE | D. DE | | | | | 1 | | IND | DED | | | | |
| 2 3 4 5 6 7 8 9 10 11 | | | | | + | 1 | | | · IND | | 1 11 | | | |
| 3 4 5 6 7 8 9 10 11 | | 1 | | | | - | 1 1 | | | DEP. | IND. | DEP. | IND. | DEP. |
| 4 5 6 7 8 9 10 11 | | 1 | | 1 | | | } | 51 | | | <u> </u> | | | |
| 4 5 6 7 8 9 10 11 | | 1 | | | ┼── | | | 52 | | | | | | |
| 5 6 7 8 9 10 11 | | | | + | | | 1 | 53 | | | | | T | |
| 6 7 8 9 10 11 12 | | | | | ļ | |] | 54 | | | | | | |
| 7 8 9 10 11 | | | | <u> </u> | | | | 55 | | | | | | |
| 8 9 10 11 12 | | | | | | | 1 | 56 | | | | | - | |
| 9 10 11 12 | | | | | | | 1 1 | 57 | | | | - | ļ | |
| 10 11 12 | | | | | | | 1 i | 58 | | | | | | |
| 11 12 | | | | 1 | | | 1 } | 59 | | | | | | |
| 12 | | | | | | | 1 | 60 | | | | | | |
| | | | | T | | | i | | | | <u> </u> | | | |
| 12 | | | | 1 | | | i | 61 | | | | | | |
| 13 | | | | | | | { } | 62 | | | | L | | |
| 14 | | | | | | | | 63 | | | | | | |
| 15 | | | | + | | | | 64 | | | | | | |
| 16 | +- | | | | | | | 65 | | | | 1 | 1 | |
| 17 | +- | + | | + | | | | 66 | | | | T | | |
| 18 | + | + | | | | | | 67 | | | | | | |
| 19 | + | - | | | | | | 68 | | | | | | |
| 20 | - | | | | | | İ | 69 | | | | ļ | | |
| 21 | ┿ | | _ | | | | | 70 | | | | | | |
| | | | | | | | 1 | 71 | | | - | <u> </u> | | <u> </u> |
| 22 | | | | | | | | 72 | | | | | | |
| 23 | | | | | | | F | 73 | | | | | | |
| 24 | | | | | | | } | 74 | | | <u> </u> | | | |
| 25 | ļ | | | | | | H | | | | | | L | |
| 26 | | | | | | | - | 75 | | | | | | |
| 27 | | | | | 1 | | } | 76 | | | | | | |
| 28 | | | | | | | - 1 | 77 | | | | | | |
| 29 | | | | | | | - | 78 | | | | | | |
| 30 | | | | | | | <u> </u> | 79 | | | | | | |
| 31 | \top | | | | | | L | 80 | | | | | | |
| 32 | | - | + | | | | L | 81 | | | | | | |
| 33 | | | | | | | | 82 | | | | | | |
| 34 | | | | | | | Γ | 83 | | | | | | |
| 35 | ┼── | | | | · | | | 84 | | | | | | |
| | ├ | + | | | | | r | 85 | | | | | | |
| 36 | | | | | | | - | 86 | | | | | | |
| 37 | | | | | | | H | 87 | | | | | | |
| 38 | | | | | | | - | 88 | | | | | T | |
| 39 | | | | | | | - | | | | | | | |
| 40 | | | | | | | L | 89 | | | T | | | |
| 41 | | | | | | | _ | 90 | | | | | | |
| 42 | | | | | | | | 91 | | | | | | |
| 43 · | | + | | | | | Γ | 92 | | | | | | |
| 44 | | + | + | | | | Γ | 93 | | | | | | |
| 45 | | | | | | | Γ | 94 | | | | | | |
| 46 | | + | | | | | 上 | 95 | | | - | | | |
| 47 | | + | | | | | - | 96 | | | | | <u>-</u> | |
| 47 | | + | | | | | | 97 | | | | | | |
| | | + | <u> </u> | | | | F | 98 | | | | | | |
| 49 | | | | | | | - | 99 | | | | | | |
| 50 | | | | | | | <u> </u> | 100 | | | | | | |
| DTAL ND. | 2 | 1 | 1 | 1 | | | - - | | | | | | | |
| EP. | 7 | — | | * | | _‡ | L | IND. | | | - | | | |
| EP, SYAL AIMS | -/ | litera de la constanta | <u> </u> | | | - | Ī. | TOTAL DEP. TOTAL LAIMS | | ₩ | | - 1 | | 1 |
| AIMS | 4_ | 数為地 | 1 3 | 學學 | 33 | | ļ. | TOTAL | | | Ta: | OH STATE OF | | |
| | 1 | | | | 1.0 | | 21 | LAIMS | 140 | | | 200 | | 37.05 2 |

"MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell Netional Stage Processing (703) 305-3631

U.S.DEPARTMENT OF COMMERCE Patent and Trademark Office